

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4225 State File No. 4670

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5576		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY HOLT b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON c. LENGTH OF STAY (in this place) 1 WEEK d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON -RURAL d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle)		c. (Last) GREINER	
5. SEX MALE		16. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 14, 1865	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) 84		11. BIRTHPLACE (State or foreign country) NEAR OREGON, MO	
13a. FATHER'S NAME ANDREW GREINER		13b. MOTHER'S MAIDEN NAME ANNA CATHERINE MOELCHER		14. NAME OF HUSBAND OR WIFE MARY GREINER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MR. ALVIN GREINER		ADDRESS OREGON, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Change DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH Feb 1, 1950 543X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Feb 21, 1950 , to Feb 27, 1950 , that I last saw the deceased alive on Feb 26, 1950 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE John Chandler M.D. (Degree or title) _____				23b. ADDRESS Oregon MO		23c. DATE SIGNED 2-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 3 1950		24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE		24d. LOCATION (City, town, or county) (State) OREGON, MISSOURI	
DATE REC'D BY LOCAL REG. 3-18-50		REGISTRAR'S SIGNATURE J.C. Tracy		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettyjohn		ADDRESS Oregon MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.